. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43999

Registration District No. 732 | Primary Registration District No. 4518 | Registrar's No. 38

1. PLACE OF DEATH:
(a) County: Laney
(b) City or town: Hallister
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Laney 106
(c) City or town: Hallister
(If outside city or town limits, write "RURAL")
(d) Street No.: P.O. Box
(If rural, give location)
(e) Citizen of foreign country? U.S.A. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lulo Gebhart Hunt
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: female
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Harry L Hunt
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: Aug (Month) 22 (Day) 1867 (Year)
8. AGE: Years 80 | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace: Galesburg (City, town, or county) Ill (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Harry L. Hunt
(b) Address: Hallister Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Branson, Mo
18. (a) Signature of funeral director: R. O. Wheldel
(b) Address: Branson Mo
19. (a) 1-5-48 (Date received local registrar) (b) E. Cagwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1947 hour 3:30 minute A. M.
21. I hereby certify that I attended the deceased from Dec 14 1947, to Dec 24 1947, that I last saw her alive on 12/24 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: M carcinoma	2 Mo
Due to: Thrombosis	1 Mo
Due to:	
Other conditions (Include pregnancy within 3 months of death): Malnutrition	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Paul E Roberts (M. D. or other) D.O.
Address: Branson Mo Date signed: 1-5-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 148-43
Date Filed JAN 13 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Minnie L. McClaskey

Licensed Embalmer No. 2277

P. O. Address Branson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.